



22645077-1 2632485-0

ACCOUNT # **C22645077**  
 NAME: **HAPERVILLE GASTRO**  
 ADDRESS: **1828 BAY SCOTT CIR # 112**  
 CITY STATE: **HAPERVILLE, IL 60540-1101**  
 TELEPHONE # **630 357 4461**

**DID YOU REMEMBER...**  
**TO INCLUDE DIAGNOSIS CODE(S)**  
**TO REQUEST OR MARK TEST(S)**  
**TO PROVIDE ORDER CODE(S) FOR HANDWRITTEN TESTS?**  
**TO CHECK "BILL TO" BOX ABOVE?**

REGISTRATION # (IF APPLICABLE) \_\_\_\_\_ DATE OF BIRTH: M / M / D / D / YEAR \_\_\_\_\_  
 PATIENT SOCIAL SECURITY # \_\_\_\_\_ OFFICE / PATIENT ID # \_\_\_\_\_  
 ROOM # \_\_\_\_\_ LAB REFERENCE # \_\_\_\_\_ PATIENT PHONE # \_\_\_\_\_  
 PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIE \_\_\_\_\_  
 PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 MEDICARE NUMBER \_\_\_\_\_ SUFFIX \_\_\_\_\_

DATE COLLECTED: **6/30/08** TIME: **4:46** AM  PM   
 TOTAL VOL./HRS. \_\_\_\_\_ ML \_\_\_\_\_ HR \_\_\_\_\_  
 Fasting  Non Fasting

J.R.I.N. ORDERING PHYSICIAN AND/OR PAYORS

- 072957 HOLLAND, STEPHEN
- 921 Vit A
- 929 Vit C
- 922 THIAMINE
- 17358 Niacin (frozen)
- 36399 B2
- 926 Bc

**DRAW EXTRA !! Tubes**  
**Protect From Light**

**PRIMARY INSURANCE**  
 MEDICAID NUMBER \_\_\_\_\_  
 RELATIONSHIP TO INSURED:  SELF  SPOUSE  DEPENDENT  
 PRIMARY INSURANCE CO. NAME \_\_\_\_\_  
 MEMBER / INSURED ID # \_\_\_\_\_ GROUP # \_\_\_\_\_  
 INSURANCE ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMPLOYER NAME/EMPLOYER # \_\_\_\_\_ INSURED SOCIAL SECURITY # (if not patient) \_\_\_\_\_

ADDITIONAL PHYS.: Dr. \_\_\_\_\_ U.P.I.N. \_\_\_\_\_

Fax results to: ( )  
 Send Duplicate Report to:  
 Client # OR NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**Medicare Limited Coverage Tests**  
 @ = May not be covered for the reported diagnosis.  
 F = Has prescribed frequency rules for coverage.  
 & = A test or service performed with research/experimental kit.  
 B = Has both diagnosis and frequency-related coverage limitations.  
**Provide signed ABN when necessary**

ORGAN / DISEASE PANELS	OTHER TESTS (continued)
<b>34392</b> <input type="checkbox"/> <b>ELECTROLYTE PANEL</b> (Na, K, Cl, CO2) S	<b>249</b> <input type="checkbox"/> ANA W/REFLEX TITER S
<b>10256</b> <input type="checkbox"/> <b>HEPATIC FUNCTION PANEL</b> (Alb, TBili, DBili, AP, AST, ALT, TP) S	<b>795</b> <input type="checkbox"/> ANTIBODY SCR, RBC W/REFLEX ID L
<b>10165</b> <input type="checkbox"/> <b>BASIC METABOLIC PANEL</b> (Na, K, Ca, Cl, CO2, Glu, BUN, Cr) S	<b>822</b> <input type="checkbox"/> AST (SGOT) S
<b>10231</b> <input type="checkbox"/> <b>COMP METABOLIC PANEL</b> (Na, K, Cl, CO2, Glu, BUN, Cr, Ca, TP, Alb, TBili, AP, AST, ALT) S	<b>285</b> <input type="checkbox"/> BILIRUBIN, DIRECT (DBili) S
<b>7600</b> <input type="checkbox"/> <b>LIPID PANEL</b> (Fasting Specimen) (TChol, Trig, HDL, calc LDL) S	<b>287</b> <input type="checkbox"/> BILIRUBIN, TOTAL (TBili) S
<b>20210</b> <input type="checkbox"/> <b>OBSTETRIC PANEL W/REFLEX</b> (ABO/Rh, Antibody Scr RBC w/reflex, CBC, RPR (DX) w/reflex confirm, HbsAg w/reflex confirm, Rubella IgG Ab) 2L,S	<b>4420</b> <input type="checkbox"/> C-REACTIVE PROTEIN S
<b>10306</b> <input type="checkbox"/> <b>HEPATITIS PANEL, ACUTE W/REFLEX</b> (HbsAg w/reflex confirm, HC Ab, HA Ab IgM, HbcAb, IgM) S	<b>29256</b> <input type="checkbox"/> CA 125 S

<b>510</b> <input type="checkbox"/> HEMOGLOBIN L	<b>303</b> <input type="checkbox"/> CALCIUM (Ca) S
<b>509</b> <input type="checkbox"/> HEMATOCRIT L	<b>310</b> <input type="checkbox"/> CARBON DIOXIDE (CO2) S
<b>1759</b> <input type="checkbox"/> CBC HEMOGRAM (H/H, RBC, Indices, WBC, PLT) L	<b>10124</b> <input type="checkbox"/> CARDIO CRP S
<b>6399</b> <input type="checkbox"/> CBC w/DIFF (H/H, RBC, indices, WBC, PLT, DIFF) L	<b>978</b> <input type="checkbox"/> CEA S
<b>8847</b> <input type="checkbox"/> PT WITH INR B	<b>330</b> <input type="checkbox"/> CHLORIDE (Cl) S
<b>763</b> <input type="checkbox"/> PTT, ACTIVATED B	<b>334</b> <input type="checkbox"/> CHOLESTEROL, TOTAL (TChol) S

HEMATOLOGY	OTHER TESTS
<b>510</b> <input type="checkbox"/> HEMOGLOBIN L	<b>7788</b> <input type="checkbox"/> ABO GROUP & RH TYPE L
<b>509</b> <input type="checkbox"/> HEMATOCRIT L	<b>223</b> <input type="checkbox"/> ALBUMIN (Alb) S
<b>1759</b> <input type="checkbox"/> CBC HEMOGRAM (H/H, RBC, Indices, WBC, PLT) L	<b>234</b> <input type="checkbox"/> ALKALINE PHOSPHATASE (AP) S
<b>6399</b> <input type="checkbox"/> CBC w/DIFF (H/H, RBC, indices, WBC, PLT, DIFF) L	<b>823</b> <input type="checkbox"/> ALT (SGPT) S
<b>8847</b> <input type="checkbox"/> PT WITH INR B	<b>243</b> <input type="checkbox"/> AMYLASE S
<b>763</b> <input type="checkbox"/> PTT, ACTIVATED B	

<b>6449</b> <input type="checkbox"/> HIV SCR W/REFLEX WB CONFIRM S	<b>5363</b> <input type="checkbox"/> DX F 10157 <input type="checkbox"/> MCR SCR (V76.44) S
<b>7573</b> <input type="checkbox"/> IRON (TOT), IBC % SAT S	<b>4418</b> <input type="checkbox"/> RHEUMATOID FACTOR S
<b>571</b> <input type="checkbox"/> IRON, TOTAL S	<b>799</b> <input type="checkbox"/> RPR (MONITORING) W/REFLEX TITER S
<b>593</b> <input type="checkbox"/> LDH S	<b>36126</b> <input type="checkbox"/> RPR (DX) W/REFLEX CONFIRM FTA S
<b>599</b> <input type="checkbox"/> LEAD (B) TN	<b>802</b> <input type="checkbox"/> RUBELLA IGG AB S
<b>615</b> <input type="checkbox"/> LH S	<b>809</b> <input type="checkbox"/> SED RATE BY MOD WEST L
<b>613</b> <input type="checkbox"/> LITHIUM S	<b>836</b> <input type="checkbox"/> SODIUM (Na) S
<b>622</b> <input type="checkbox"/> MAGNESIUM S	<b>873</b> <input type="checkbox"/> TESTOSTERONE, TOTAL S
<b>OCC BLD, FECES - GUA/AC</b>	<b>896</b> <input type="checkbox"/> TRIGLYCERIDES (Trig) S
<b>35301</b> <input type="checkbox"/> DX F 35306 <input type="checkbox"/> MCR SCR	<b>899</b> <input type="checkbox"/> TSH S
<b>OCC BLD, FECES - FIT, InSure*</b>	<b>36127</b> <input type="checkbox"/> TSH W/REFLEX T-4, FREE S
<b>11290</b> <input type="checkbox"/> DX F 11293 <input type="checkbox"/> MCR SCR	<b>859</b> <input type="checkbox"/> T-3, TOTAL S
<b>713</b> <input type="checkbox"/> PHENYTOIN SR	<b>861</b> <input type="checkbox"/> T-3 UPTAKE S
<b>718</b> <input type="checkbox"/> PHOSPHORUS S	<b>867</b> <input type="checkbox"/> T-4 (THYROXINE), TOTAL S
<b>733</b> <input type="checkbox"/> POTASSIUM (K) S	
<b>745</b> <input type="checkbox"/> PROGESTERONE S	
<b>746</b> <input type="checkbox"/> PROLACTIN S	
<b>754</b> <input type="checkbox"/> PROTEIN, TOTAL (TP) S	

<b>866</b> <input type="checkbox"/> T-4 (THYROXINE), FREE
<b>6448</b> <input type="checkbox"/> UA, DIPSTICK ONLY
<b>7909</b> <input type="checkbox"/> UA, DIPSTICK W/REFLEX TO MICROSCOPIC
<b>5463</b> <input type="checkbox"/> UA, COMPLETE (DIPSTICK & MICROSCOPIC)
<b>3020</b> <input type="checkbox"/> UA, COMPLETE, REFLEX TO CULTURE
<b>294</b> <input type="checkbox"/> UREA NITROGEN (BUN)
<b>905</b> <input type="checkbox"/> URIC ACID
<b>916</b> <input type="checkbox"/> VALPROIC ACID
<b>7065</b> <input type="checkbox"/> VITAMIN B12/FOLIC ACID
<b>927</b> <input type="checkbox"/> VITAMIN B12

MICROBIOLOGY
SOURCE (REQUIRED)
<b>4485</b> <input type="checkbox"/> CULTURE, GP A STREP*
<b>5617</b> <input type="checkbox"/> CULTURE, GP B STREP*
<b>4558</b> <input type="checkbox"/> CULTURE, GENITAL*
<b>394</b> <input type="checkbox"/> CULTURE, THROAT*
<b>395</b> <input type="checkbox"/> CULTURE, URINE, ROUTINE* (INC. INDWELLING CATH.)
<b>8502</b> <input type="checkbox"/> CHLAMYDIA DNA, ENDOCX OR M/UR
<b>8501</b> <input type="checkbox"/> GC DNA, ENDOCX OR M/URET
<b>6919</b> <input type="checkbox"/> CHLAMYDIA & GC W/REFLEX TC (DNA PROBE) (ENDOXCX OR M/UR)
<b>Amplified Specimen Type (please check c)</b>
<input type="checkbox"/> Endocervical <input type="checkbox"/> Urethral <input type="checkbox"/> Urine (Femals, use not acceptable)
<b>10236</b> <input type="checkbox"/> CHLAMYDIA, AMPLIFIED DNA, P
<b>10237</b> <input type="checkbox"/> GC, AMPLIFIED DNA, PCR
<b>10238</b> <input type="checkbox"/> CHLAMYDIA & GC, AMPLIFIED DNA, P
<b>Stool Pathogens</b> (CAMPYLOBAC, SALMONELLA, SHIGELLA)
<b>10045</b> <input type="checkbox"/> CULTURE, STOOL, (CAMPYLOBAC/SHIGELLA)
<b>4475</b> <input type="checkbox"/> CULTURE, CAMPYLOBACTER*
<b>10019</b> <input type="checkbox"/> CULTURE, SALMONELLA/SHIGELLA
<b>30264</b> <input type="checkbox"/> E. COLI SHIGATOXINS, EIA
<b>681</b> <input type="checkbox"/> O & P W/PERMANENT STAIN

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE) **Reflex tests are performed at an additional charge.**  
**X 5678 Vit D (frozen)** **X 17306 Vit D 25** **REG160H**  
**X 4729 Vit D1.25** **X 945 ZINC**

COMMENTS, CLINICAL INFORMATION: \_\_\_\_\_  
 TOTAL TESTS ORDERED: **22645077** **2632485**  
 NAME: **22645077** **2632485**

Physician Signature (Required for PA, NY, NJ & MA) \_\_\_\_\_  
 For any patient of any payer (including Medicare and Medicaid) that has a medical necessity requirement, you should only order those tests which are medically necessary for the diagnosis and treatment of the patient.  
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